

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09-788353
APPLICANT(S)

FILING DATE
12-01-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6	✓						56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12	✓						62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18		✓					68						
19		✓					69						
20	✓						70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25	✓						75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31	✓						81						
32		✓					82						
33		✓					83						
34	✓						84						
35		✓					85						
36	✓						86						
37		✓					87						
38		✓					88						
39		✓					89						
40		✓					90						
41	✓						91						
42		✓					92						
43		✓					93						
44	✓						94						
45	✓						95						
46	✓						96						
47	✓						97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.	13	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	37	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	50						TOTAL CLAIMS						

DO NOT WRITE IN THESE SPACES

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1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		/					57						
8		/					58						
9		/					59						
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39		/					89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						

Best Available Copy